2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000056164

Address:

City-St-Zip:

Entity Name: WINDOW DOCTOR OF SOUTH FLORIDA, INC.

FILED Apr 30, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 11095 NANTUCKETT BAY COURT WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 11095 NANTUCKETT BAY COURT WELLINGTON, FL 33414 FEI Number: 65-0928691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DESS, BRIAN 11095 NANTUCKETT BAY COURT WELLINGTON, FL 33414 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DESS, BRIAN Name: Name: 11095 NANTUCKETT BAY COURT Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: DESS, CINDY

Address:

City-St-Zip:

11095 NANTUCKET BAY CT, WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY DESS D 04/30/2003